Provider Insider

Alabama Medicaid Bulletin **July 2002**

The checkwrite schedule is as follows:

07/05/02 07/19/02 08/02/02 08/16/02 09/06/02 09/13/02

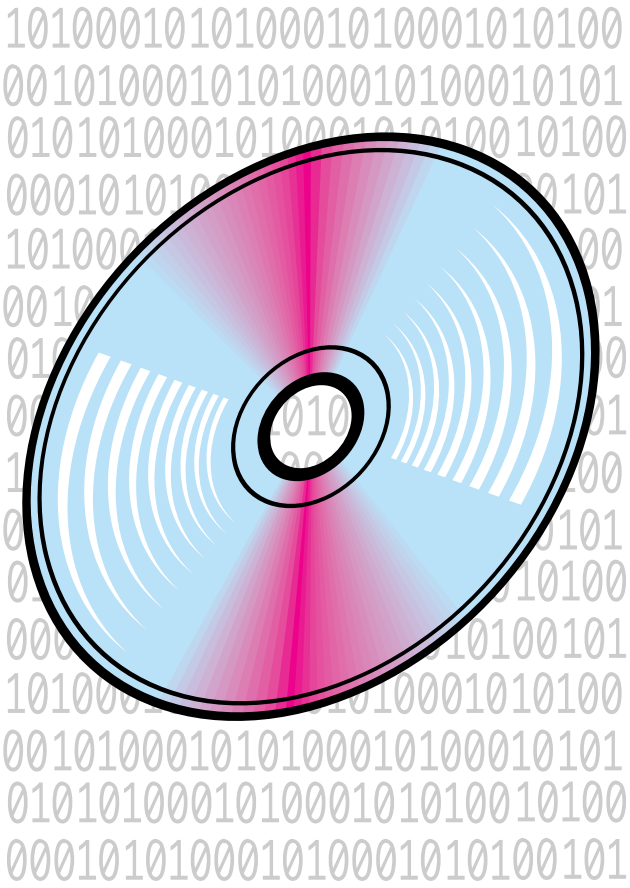
As always, the release of direct deposits and checks depends on the availability of funds.

Medicaid Introduces the Alabama Medicaid Provider Manual in CD Format

The Alabama Medicaid Provider Manual has changed. Beginning with the July update, the manual will be delivered in a CD ROM format instead of a the manual and paper format. Providers will notice instant advantages to this change. They are:

- The ability to use the search function to find specific topics.
- No more updates! The entire manual will be sent each quarter.
- The manual can be loaded from the CD to multiple computers.
- The ability to go directly to a specific section by clicking on predefined bookmarks.
- The ability to print the manual or specific sections.

The new CD ROM format has complete loading instructions and minimum requirements for your computer. If you have any questions or comments concerning the new Alabama Medicaid Provider Manual format, please contact the EDS Provider Enrollment Unit at (888) 223-3630 (in-state or bordering) or (334) 215-0111 (out of state).



In This Issue...

Pass It On!

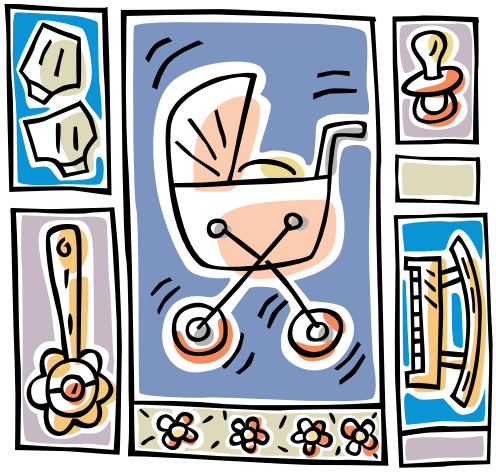
Everyone needs to know the latest about Medicaid.

Be sure to route this to:

- ❒ *Office Manager*
- ❒ *Billing Dept.*
- ❒ *Medical/Clinical Professionals*
- ❒ *Other _____*

Explore the Alabama Early Intervention System and Its Benefits

Consider the excitement and planning that a new baby brings! When the new baby has a special need, families may require assistance in planning how to best care for the newest member. Early entry into a statewide system of resource access, support, and appropriate services exists in Alabama for families who have children younger than the age of 3 with special needs and/or developmental delays. Alabama's Early Intervention System (AEIS), provides a coordinated, family-focused system of supports and services.



Once a special needs child is 30 months old, AEIS will contact the Local Education Agency (LEA) to make a referral and to arrange a transition meeting. The Alabama EI system is accessible by simply calling the statewide, toll-free EI Child Find number, 1-800-543-3098. An EI Referral Form is located in Appendix A of your Medicaid Provider Manual.

Newborn Hearing Screening Policy Clarification

Limited hearing screen codes 92586 and 92587 (CPT 2002) may be billed in an outpatient setting provided: 1) an infant was discharged prior to receiving the inpatient hearing screen, or 2) an infant was born outside a hospital or birthing center. These codes are reimbursable for audiologists, pediatricians, otolaryngologists, and EENT.

Comprehensive hearing screen codes 92585/92588 may be billed for: 1) infants who fail the newborn hearing screening prior to discharge from the hospital, or 2) infants/children who fail a hearing screening at any time following discharge. Comprehensive hearing screenings should be performed on infants by three months of age or before if they have failed the newborn hearing screening prior to discharge. Code 92585 is reimbursable for otolaryngologists, audiologists, pediatricians, and EENT. Code 92588 is reimbursable for otolaryngologists, audiologists, pediatricians, EENT, and neurologists.

REMINDER

All Medicaid Providers

When calling the EDS Electronic Media Claims (EMC) Help Desk at (800) 456-1242, make sure you have your batch number and/or submitter ID. If all you have is the submitter ID, the exact date of transmission for the claim is needed.

MEDICAID Tidbits

HIPAA Changes for Eye Care Services

Provider Notice 02-02 outlines the procedure code changes effective July 1, 2002 as required by the Health Insurance Portability and Accountability Act. If you have not received this notice by July 1st, you may visit our website at www.medicaid.state.al.us or call (334) 242-5582 to obtain a copy.

Anesthesia Changes

Policy changes concerning anesthesia (Chapter 38) will be reflected in the July 2002 Provider Manual Updates.

CRNP/PAs Services

CRNP/PAs may provide straightforward or low complexity ER visits (procedure codes 99281 and 99282). Physician-employed CRNP/PAs may provide some services as an assistant at surgery. See Appendix O of the Alabama Medicaid Provider Manual for more information. These updates will be reflected in the July 2002 Provider Manual Updates.

One Stick for Lead and Hgb or Hct

The Center for Medicare and Medicaid Services (CMS) has approved performing one stick or venipuncture to obtain the above tests. CMS stated providers have the option of obtaining the tests at either the nine month or twelve month well child check-up. Remember, the Hgb or Hct is included in the reimbursement of a well child check-up (EPSDT screening) and is not separately reimbursable.

MEDICAID Tidbits

EI to LEA (Local Education Agency) TRANSITION PROCESS GOALS:

A Seamless Transition for the Special Needs Child and Family From Early Intervention to Preschool

AEIS (Alabama Early Intervention System)

AEIS contacts LEA when the child is 30 months old to make a referral, to arrange a transition meeting and to submit an Early Intervention Student Referral Form.

This may occur later than 30 months of age if the child does not enter the early intervention system until 30 months of age or older.

LEA acknowledges receipt of the referral by phone, mail or fax. This starts the 90-day timeline. LEA designee attends the transition meeting.

LEA participation in transition meetings is required under IDEA. EI personnel will collaborate with LEA and family to arrange a mutually agreed upon time and place.

LEA schedules and conducts the referral meeting. The IEP Team must participate.

EI transition meeting may be combined with the LEA referral meeting. If combined, EI and LEA work collaboratively with family to schedule.

Services for Alabama's Children With Disabilities Ages Birth through 5 Handbook must be given to parent(s) at the referral meeting.

The IEP Team determines if additional data is needed and the appropriate time to conduct any additional assessments during the six-month period prior to the third birthday.

The 90-day timeline from referral to eligibility <u>may</u> be extended only when the IEP Team determines that waiting to conduct some evaluations until closer to the third birthday would be more appropriate based on the individual needs of the child. If the IEP Team decides to extend the timeline for eligibility determination for those children referred at age 30 months, the LEA must ensure that the IEP is developed and is ready to implement on the child's third birthday.

Additional data and/or assessments may be needed as determined by the IEP Team.

Eligibility meeting may be combined with referral meeting if no additional data is needed.

LEA schedules and conducts an eligibility meeting. The IEP Team or eligibility team must participate.

Eligibility meeting may be combined with IEP development meeting. If so, the IEP Team must participate.

LEA schedules and conducts an IEP development meeting. The IEP Team must participate.

LEA develops the IEP to be implemented on the child's third birthday. The IEP Team may determine that services will begin at a later date.

If the child is referred to the LEA at 33 months of age or later, the LEA has 60 days to determine eligibility and 30 days after eligibility determination to develop and implement the IEP.

LEA

For more information, call 1-800-543-3098

Billing Information Changes for Eye Care Providers

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), Medicaid is converting locally assigned procedure codes to nationally assigned procedure codes or to procedure codes located in the 2002 Current Procedural Terminology (CPT). Eye Care Providers are required to use different procedure codes as outlined below when filing claims for eye care products for dates of service (DOS) effective July 1, 2002. There are two procedure codes (PC) that will be used to denote eyeglass frames: V2020 "Frames, purchases" and V2025 "Deluxe frame". Procedure code V2020 should be utilized for all eyeglass frames except the special order frames that will be denoted with PC V2025. The following tables outline the upcoming billing changes for eyeglass frames and lenses.

Current Procedure Code	*New Procedure Code*
All eyeglass frames except "Special Order Frames"	V2020
Z5180 Special Order Frame (requires prior authorization)	V2025

Currently there are two PCs for eyeglass lens that require conversion as outlined below:

Current Procedure Code	*New Procedure Code*
Z5061	V2214
Z5062	V2114

Please use the Alabama Medicaid Provider Manual, Chapter 15 (Eye Care Services), for appropriate pricing when filing claims. Submitted charges should not exceed the contract rate for the frame provided. As in the past, the Agency will continue performing post-payment reviews.

The date of service (exam date) is considered the beginning date to use the new procedure codes listed above. Please ensure this information is given to your staff, office manager, billing clerks, vendors, or anyone else who has a need to know. Keep in mind that computer software changes may be required as well. The Provider Billing Manual is updated for your reference. If you have any questions, please call Medicaid's Medical Services Program at (334) 242-5582 or visit our website at www.medicaid.state.al.us.

REMINDER

Hospitals must split bill claims that span:

- A rate change
- October 1 of any year
- More than one calendar year

Revenue Code 274 is Now Covered

Revenue code 274 (prosthetic/orthotic devices) is now covered for occupational therapy services provided in the outpatient department. These devices are covered only when services are rendered to a recipient as a result of an EPSDT screening or to a QMB recipient.

Patient 1st Referral for Billing Purposes Only

A PMP may approve a referral for billing purposes only. Such a referral should be documented "for billing purposes only" on the standard referral form in the space provided under REFERRAL VALID FOR. The billing procedure for this type of referral is the same as all other referral types.

Visit Alabama Medicaid
ONLINE

www.medicaid.state.al.us

Providers can :

- **Print Forms and Enrollment Applications**
- **Download Helpful Software**
- **Receive Current Medicaid Press Releases and Bulletins**
- **Receive Billing and Provider Manuals and Other General Information about Medicaid**

Alabama Medicaid

In The Know

General Information Providers Need to Know When Billing to the Alabama Medicaid Agency

Policy for coverage of Certifed Emergency Services

In determining whether a claim should be submitted and documented as a certified emergency, the parameters listed below should be considered:

- The case should be handled on a situational basis. Take into consideration the person presenting, their background, extenuating circumstances, presenting symptoms, time of day, and availability of primary care.(e.g., weekend, night or holiday).
- Determine whether the presenting symptoms as reported would be reasonably expected to cause the patient to expect that a lack of medical attention could result in an unfavorable outcome.
- Document why this case is a certified emergency. Documentation does not need to be extensive rather should be enough to justify the certification.
- If not an emergency, **do not certify** the visit as such. Note that follow-up care should not be certified as an emergency (i.e. physical therapy, suture removal, rechecks, etc).
- Ancillary or billing staff are not permitted to certify. Certification must be done by the attending physician.
- Children or adults brought to the emergency room for exam due to suspected abuse or neglect may be certified by virtue of the extenuating circumstances.

Hospitals and physicians who provide “certified emergency” services in the emergency room are not required to have a referral from the PMP. All related services for the emergency condition, including those provided by a specialist, may be billed fee for service directly to EDS without a referral. For example, if a child is seen in the emergency room for a broken bone and an orthopedic physician is called in to set the bone and apply a cast, the orthopedic physician should consider his service as part of the certified emergency condition and bill accordingly. The physician must still certify the services as an emergency and the services must be performed in the outpatient setting (place of service 22). Note that follow-up care should not be certified as an emergency (i.e. physical therapy, suture removal, rechecks, etc.).

In order for the claim not to require a Patient 1st referral, there must be an “E” indicator in the appropriate claim block (HCFA 1500 – block 24i and UB 92 – block 78). Refer to the Chapter Five of the Billing Manual for further instructions.

Providers should split bill for dates of service and place of service for services rendered that are non-certified emergency services. Non-certified emergencies will still require a referral from the PMP.

Medicaid stresses the importance of coordinating with the PMPs regarding the care of Medicaid recipients in order to preserve the continuity of care and the “medical home” concept of the Patient 1st program. Should you have further questions or concerns, please call the Medical Services Customer Service Unit at (334) 242-5524.

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- Chiropractors
- Independent Labs
- Free Standing Radiology
- CRNA
- EPSDT (Physicians)
- Dental
- Physicians
- Optometric (Optometrists and Opticians)

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- Rehabilitation Services
  - Home Bound Waiver
- Therapy Services (OT, PT, ST)
- Children's Specialty Clinics
- Prenatal Clinics
- Maternity Care
- Hearing Services
- Mental Health/Mental Retardation
  - MR/DD Waiver
- Public Health
  - Elderly and Disabled Waiver
  - Home and Community Based Services
  - EPSDT
  - Family Planning
  - Prenatal
  - Preventive Education
- Ambulance
- FQHC
- Nurse Midwives
- Rural Health Clinic
- Commission on Aging
- DME

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- Ambulatory Surgical Centers
- ESWL
- Home Health
- Hospice
- Hospital
- Nursing Home
- Personal Care Services
- PEC
- Private Duty Nursing
- Renal Dialysis Facilities
- Swing Bed

More Dentists Become Medicaid Providers Under Smile Alabama!

Thanks to a Robert Wood Johnson Foundation 21st Century Fund grant, more than 140 dentists have become Medicaid providers in the last 18 months, bringing the number of Medicaid dental providers to 507.

Such an increase is one goal of the Smile Alabama! Dental Initiative by Governor Don Siegelman in October 2000. The initiative supports activities to improve oral health for all Alabama children. Since its inception, several major improvements include:

- Increased rates - all but four Medicaid dental reimbursement rates have been brought in line with those of Blue Cross / Blue Shield
- Simplified claims submission and enrollment process
- Elimination of nine prior authorizations
- Hiring of dental outreach specialists

Already, this effort has made a difference in the lives of Alabama children. Latest numbers indicate that in the fiscal year 2001, 20,000 more children received at least one dental service and the amount paid in dental claims increased from $13 million in fiscal year 2000 to approximately $28 million in fiscal year 2001.

Important Mailing Addresses	
Pharmacy, Dental, and UB-92 claims	EDS Post Office Box 244033 Montgomery, AL 36124-4033
HCFA-1500	EDS Post Office Box 244034 Montgomery, AL 36124-4034
Inquiries, Provider Enrollment Information, Provider Relations, and Diskettes for Electronic Claims Submission (ECS)	EDS Post Office Box 244035 Montgomery, AL 36124-4035
Medicare Related Claims	EDS Post Office Box 244037 Montgomery, AL 36124-4037
Prior Authorization (to include Medical Records)	EDS Post Office Box 244036 Montgomery, AL 36124-4036
Adjustments / Refunds	EDS Post Office Box 244038 Montgomery, AL 36124-4038

REMINDER

The website address for the Excluded Individuals/Entities (LEIE) is:

http://oig.hhs.gov/fraud/.exclusions.htm

Patient 1st Blanket Referrals

It is acceptable for a PMP to issue a blanket referral to another entity for treatment of their patients. Such a referral may be used in cases of the emergency room or in providing a select service (e.g. EPSDT screenings). The blanket referral can be open-ended or specify only select services. For example, a PMP may authorize an emergency department to see all patients between the hours of 5 p.m. to 8 a.m. OR a PMP may categorize what services the emergency department can provide without calling (e.g. high fever in a child), situations to call (e.g. high fever in an adult) and those services to be referred to the office (e.g. runny nose w/o fever). The scope of the authorization is between the two practitioners and can extend for necessary follow-up services. The PMP is still responsible, however, for all referrals issued and has the ability to decide whether to utilize blanket referrals.

A Memorandum of Understanding is an option to issuing a blanket referral. A PMP may have a written agreement with another physician or facility allowing the use of the PMP's referral number. That is, if the PMP has another physician take call for him and they have the understanding that it is permissible to use the PMP's referral number, then the covering physician will not have to obtain a written referral. However, if the recipient needs to receive other care from a different provider, the consulting provider will need a written referral from the PMP. If the covering physician has approval from the PMP, the covering physician can sign the referral form on behalf of the PMP.

When operating under an MOU, each party must clearly understand what the agreement is so that there is not a misunderstanding when it comes time to bill for the services. It is suggested that these parties have a clearly defined agreement/contract in writing.

EDS Holiday Schedule

~~3/29~~	~~Good Friday~~	11/28	Thanksgiving Day
~~5/27~~	~~Memorial Day~~	11/29	Thanksgiving Day (extra)
7/04	Independence Day	12/24	Christmas Eve
9/02	Labor Day	12/25	Christmas Day

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